Plan for Reporting Comparable Health Indicators in November 2004

November 25, 2004

Submitted by: The Advisory Committee On Governance and Accountability (ACGA)

CONTENTS

1. BACKGROUND

2. PURPOSE

3. PRINCIPLES FOR REPORTING

4. LIST OF INDICATORS

105-01671/

1. BACKGROUND

The September 2000 First Ministers' Communiqué on Health gave direction to Health Ministers to collaborate on the development of a comprehensive framework using jointly agreed upon comparable indicator reporting on health status, health outcomes and quality of service. In September 2002, all 14 jurisdictions including the federal government, released their reports on 67 comparable indicators.

The February 2003 First Ministers' Accord on Health Care Renewal (The Accord), directed Health Ministers to further develop indicators to supplement the work on comparable indicator reporting. The Accord focused indicator development and reporting activities on several specific program and service areas for the health system, such as primary health care and homecare services, identifying the development of these services as important strategies for health system reform and sustainability.

Federal/Provincial/Territorial (FPT) Process

The FPT Conference of Deputy Ministers (CDM) of Health directed the Advisory Committee on Governance and Accountability (ACGA) to prepare the plan for comparable reporting, in compliance with the terms of the 2003 Accord. The policy direction for this work was developed and approved by the CDM and the Performance Reporting Technical Working Group (PRTWG) was established to undertake the technical work required to select and oversee development of comparable indicators for FPT reporting. The PRTWG included representation from each FPT jurisdiction, as well as the Canadian Institute for Health Information (CIHI), Statistics Canada and the l'Institut de la statistique du Québec (ISQ).

Direct consultation with stakeholders was undertaken in the form of an invitational workshop with national stakeholder groups and stakeholders were also invited to contribute input by written submissions and via a website. In addition, focus group testing was carried out in five major centres across Canada to obtain feedback from the general public around what indicators are important and meaningful to them and the preferred form(s) of presentation.

The reports being produced in 2004 are the result of the work carried out to date. Further work on the development of additional indicators for reporting in the longer term is being undertaken with the intent to improve reporting in future years.

2. PURPOSE OF THIS DOCUMENT

This document describes the plan for FPT reporting to the public on comparable health and health system indicators in November 2004 and replaces the Plan for Federal/Provincial/Territorial Reporting on 14 Indicator Areas, September 2002.

The Plan for Reporting Comparable Health Indicators in November 2004 includes 70 indicators (81 sub-indicators). All the indicators identified in this plan are deemed acceptable for public reporting. The Conference of Deputy Ministers approved a subset of 18 indicators (21 sub-indicators) that all jurisdictions are to feature in their 2004 reports.

The primary purpose of the reports by jurisdictions is to be informative and relevant to the general public.

3. PRINCIPLES FOR REPORTING

The following are to be used as the guiding principles for the November 2004 reports.

Scope of reporting

- Each jurisdiction will present the agreed-upon set of "featured" indicators in its report. A jurisdiction may include additional indicators and information in its report, at its discretion.
- Data for all indicators for all jurisdictions will be reported on a central website (CIHI/Statistics Canada).
- Data limitations and availability may prevent some jurisdictions from reporting on some indicators.
- Data are to be reported for the overall population. Further breakdown of data are at the discretion of the jurisdiction.
- The latest year of data available is to be reported. Reporting of additional years of data are at the discretion of the jurisdiction.
- Jurisdictions may simplify the technical language for public reporting purposes.
- Where a jurisdiction intends to include data related to another jurisdiction in its report, for comparative purposes, it will advise the jurisdiction of its intent to do so in advance of publication.

Timing of reporting

- Each jurisdiction will publicly release its report on November 30, 2004.
- Data on the central website will be made available to the public on December 1, 2004.

4. LIST OF INDICATORS

Primary Health Care (PC)

(1-PC) Difficulty obtaining routine or on-going health services (Feature in 2004)

Definition
Percent who required routine or on-going health services for self or a family member in the past 12 months and experienced difficulties obtaining them based on population 15 years of age and over.

Source: Health Services Access Survey, 2003.

Responsibility to Produce the Data
Statistics Canada

(2-PC) Difficulty obtaining health information or advice (Feature in 2004)

Definition
Percent who required health information or advice for self or a family member in the past 12 months and experienced difficulty obtaining it at any time of the day based on population 15 years of age and over.

Source: Health Services Access Survey, 2003.

Responsibility to Produce the Data
Statistics Canada

(3-PC) Difficulty obtaining immediate care (Feature in 2004)

Definition
Percent who required immediate care for a minor health problem for self or a family member in the past 12 months and experienced difficulty obtaining it at any time of the day based on population 15 years of age and over.

Source: Health Services Access Survey, 2003.

Responsibility to Produce the Data
Statistics Canada

(4-PC) Proportion of population that reports having a regular family doctor

Definition
Percent of population aged 15 and over having a regular family doctor.
Percent of total survey respondents who say "yes" to the question: "Do you have a regular family doctor?"

Source: Health Services Access Survey, 2001 and 2003.

Responsibility to Produce the Data
Statistics Canada

(5-PC) Patient satisfaction with overall health care services (Feature in 2004)

Definition
Percentage of the population aged 15 and over who rate themselves as either very satisfied or somewhat satisfied with the overall health care services received.

Source: Canadian Community Health Survey: 2000/01, 2003.

Responsibility to Produce the Data
Statistics Canada

(6-PC) Patient perceived quality of overall health care services

Definition
Percentage of the population aged 15 and over who rate the quality of health care services received as excellent or good.

Source: Canadian Community Health Survey: 2000/01, 2003.

Responsibility to Produce the Data
Statistics Canada

(7-PC) Patient satisfaction with community-based care (Feature in 2004)

Definition
Percentage of the population aged 15 and over who rate themselves as either very satisfied or somewhat satisfied with community-based services received. The CCHS definition for 'community-based care' includes any health care received outside of a hospital or doctor's office (*e.g., home nursing care, home-based counselling or therapy, personal care, community walk-in clinics*).

Source: Canadian Community Health Survey: 2000/01, 2003.

Responsibility to Produce the Data
Statistics Canada

(8-PC) Patient perceived quality of community-based care

Definition
Percentage of the population aged 15 and over who rate the quality of community-based care received as excellent or good.

Source: Canadian Community Health Survey: 2000/01, 2003.

Responsibility to Produce the Data
Statistics Canada

(9-PC) Patient satisfaction with telephone health line or tele-health services (Feature in 2004)

Definition
Percentage of the population aged 15 and over who rate themselves as either very satisfied or somewhat satisfied with the telephone health line or tele-health service received.

Source: Canadian Community Health Survey: 2003.

Responsibility to Produce the Data
Statistics Canada

(10-PC) Patient perceived quality of a telephone health line or tele-health services

Definition
Percentage of the population aged 15 and over who rate the quality of a telephone health line or tele-health service received as excellent or good.

Source: Canadian Community Health Survey: 2003.

Responsibility to Produce the Data
Statistics Canada

(11-PC) Proportion of the population reporting contact with a telephone health line or tele-health service

Definition
Proportion of the population aged fifteen and over who reported contacting a telephone health line or tele-health service in the past 12 months.

Source: Canadian Community Health Survey Cycle 2.1, Statistics Canada, 2003 (sub-sample content module).

Responsibility to Produce the Data
Statistics Canada

(12-PC) Hospitalization rate for ambulatory care sensitive conditions (Feature in 2004)

Definition
Age-standardized inpatient hospitalization rate for conditions where appropriate ambulatory care prevents or reduces the need for admission to hospital.
Source: Hospital Morbidity Database, CIHI. Census, Statistics Canada; ISQ.

Responsibility to Produce the Data
CIHI

(13-PC) Proportion of female population aged 18 - 69 with at least one PAP smear test in the past three years

Definition
Proportion of women aged 18 - 69 who reported having their last PAP smear test within the past three years.

Source: Statistics Canada, Canadian Community Health Survey, 2003, 2000/01, health file; Statistics Canada, National Population Health Survey, 1994/95, 1996/97 and 1998/99, cross sectional sample, health file; Statistics Canada, National Population Health Survey, 1994/95 and 1996/97, cross sectional sample, North component.

Responsibility to Produce the Data
Statistics Canada

(14-PC) Proportion of women aged 50 - 69 obtaining mammography in the past two years

Definition
Proportion of women aged 50 - 69 who reported when they had their last mammogram for routine screening or other reasons within the last two years.

Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2000/01, health file; Statistics Canada, National Population Health Survey, 1996/97, cross sectional sample, health file.

Responsibility to Produce the Data
Statistics Canada

Home Care (HC)

(15-HC) Home care clients per 100,000 population, all ages

Definition
The number of (distirct) individuals who received publicly funded home care, per 100,000 population. Home care services include a variety of health and support services including home nursing care, rehabilitation therapy and home support services which provide personal assistance with daily activities, such as bathing, dressing and grooming. These services are delivered in the home or community setting.

Source: Provincial/Territorial administrative databases.

Responsibility to Produce the Data
Jurisdictions

(16-HC) Home care clients per 100,000 population, aged 75 plus

Definition
The number of (distinct) individuals age 75 or older who received publicly funded home care, per 100,000 population in the 75 and older age group. Home care services include a variety of health and

support services including home nursing care, rehabilitation therapy and home support services which provide personal assistance with daily activities, such as bathing, dressing and grooming. These services are delivered in the home or community setting.

Source: Provincial/Territorial administrative databases

Responsibility to Produce the Data
Jurisdictions

Other Programs and Services (OI)

(17-OI) Wait times for cardiac bypass surgery

17a-OI Median wait time for cardiac bypass surgery
17b-OI Distribution of wait times for cardiac bypass surgery

Definition
Median number of days waited between cardiac catheterization and Coronary Artery Bypass Grafts (CABG) surgery, and distribution of wait times, for adults (aged 20 and older) who received CABG surgery in the period in question.
Source: Provincial/Territorial administrative databases

Responsibility to Produce the Data
Jurisdictions

(18-OI) Wait times for hip replacement surgery

18a-OI Median wait time for hip replacement surgery
18b-OI Distribution of wait times for hip replacement surgery

Definition
The number of weeks that patients waited for elective hip replacement surgery, between the date the decision was made by the surgeon, with the patient's agreement, that surgery was required and the date of the surgery, and distribution of wait times, for adults (aged 18 and older) who received their surgery in the period in question.
Source: Provincial/Territorial administrative databases

Responsibility to Produce the Data
Jurisdictions

(19-OI) Wait times for knee replacement surgery

19a-OI Median wait time for knee replacement surgery
19b-OI Distribution of wait times for knee replacement surgery

Definition

The number of weeks that patients waited for elective knee replacement surgery, between the date the decision was made by the surgeon, with the patient's agreement, that surgery was required and the date of the surgery, and distribution of wait times, for adults (aged 18 and older) who received their surgery in the period in question.
Source: Provincial/Territorial administrative databases

Responsibility to Produce the Data
Jurisdictions

(20-OI) Self-reported wait times for surgery

20a-OI Median wait time for surgery

Definition
Wait time refers to the length of time, in weeks, between the time the decision to treat was made and the date of surgery during the 12 months prior to the survey.
The median is the 50^{th} percentile of the distribution of wait times: half the patients wait less and half wait longer than the median number of weeks. Patients who have not yet received the service are excluded from the indicator calculation.
Note: surgery includes only non-emergency cases.
Source: Health Services Access Survey, 2001 and 2003.

Responsibility to Produce the Data
Statistics Canada

(20-OI) 20b-OI Distribution of wait times for surgery

Definition
Wait time refers to the length of time, in weeks, between the time the decision to treat was made and the date of surgery during the 12 months prior to the survey.
The indicator is the percent of those requiring non-emergency surgery that waited less than 1 month, between 1 to 3 months or more than 3 months to receive the service, during the 12 months prior to the survey. Patients who have not yet received the service are excluded from the indicator calculation.

Source: Health Services Access Survey, 2001 and 2003.

Responsibility to Produce the Data
Statistics Canada

(21-OI) Self-reported wait times for specialist physician visits

21a-OI Median wait time for specialist physician visits

Definition
Wait time refers to the length of time, in weeks, between the time the decision to see a specialist was made and the date of seeing the specialist, during the 12 months prior to the survey.

The median is the 50th percentile of the distribution of wait times: half the patients wait less and half wait longer than the median number of weeks. Patients who have not yet received the service are excluded from the indicator calculation.
Source: Health Services Access Survey, 2001 and 2003.

Responsibility to Produce the Data
Statistics Canada

(21-OI) 21b-OI Distribution of wait times for specialist physician visits

Definition
Wait time refers to the length of time, in weeks, between the time the decision to see a specialist was made and the date of seeing the specialist, during the 12 months prior to the survey.
The indicator is the percent of those requiring a specialist visit that waited less than 1 month, between 1 to 3 months or more than 3 months to receive the service, during the 12 months prior to the survey. Patients who have not yet received the service are excluded from the indicator calculation.
Source: Health Services Access Survey, 2001 and 2003.

Responsibility to Produce the Data
Statistics Canada

(22-OI) Re-admission rate for acute myocardial infarction (AMI)
(23-OI) Re-admission rate for pneumonia
Definition
Risk adjusted rate of unplanned re-admission following discharge for acute myocardial infarction (AMI) and pneumonia. A case is counted as a re-admission if it is for a relevant diagnosis and occurs within 28 days after the index episode of care. An episode of care refers to all continuous acute care hospitalizations including transfers.

Source: Discharge Abstract Database, CIHI.

Responsibility to Produce the Data
CIHI

(24-OI) 30-day in-hospital acute myocardial infarction (AMI) mortality rate

Definition
The risk-adjusted rate of all cause in-hospital death occurring within 30 days of first admission to an acute care hospital with a diagnosis of acute myocardial infarction (AMI).

Source: Hospital Morbidity Database, CIHI.

Responsibility to Produce the Data
CIHI

(25-OI) 30-day in-hospital stroke mortality rate

Definition
The risk-adjusted rate of all cause in-hospital death occurring within 30 days of first admission to an acute care hospital with a diagnosis of stroke.

Source: Hospital Morbidity Database, CIHI.

Responsibility to Produce the Data
CIHI

(26-OI) 365-day survival rate for acute myocardial infarction (AMI)

Definition
The net survival rate for individuals with an AMI is estimated using the cause-specific survival rate. In the case of an AMI, survival is at least 365 days after initial admission to hospital. The net survival rate measures mortality due to an AMI, survival where the only possible underlying cause of death is the disease in question.

Source: Jurisdictional administrative databases with sufficient linkage information; Statistics Canada person-oriented health information; Hospital Morbidity Database (CIHI); Vital Statistics files (Statistics Canada).

Responsibility to Produce the Data
Statistics Canada

(27-OI) 180-day survival rate for stroke
Definition
The net survival rate for individuals with an incident case of stroke is estimated using the cause-specific survival rate. In the case of stroke, survival is for at least 180 days after initial admission to hospital. The net survival rate measures mortality due to stroke, i.e., survival where the only possible underlying cause of death is the disease in question.

Sources: Jurisdictional administrative databases with sufficient linkage information; Statistics Canada person-oriented health information; Hospital Morbidity Database (CIHI); Vital Statistics files (Statistics Canada); ISQ.

Responsibility to Produce the Data
Statistics Canada

(28-OI) Patient satisfaction with hospital care (Feature in 2004)

Definition
Percentage of the population aged 15 and over who rate themselves as either very satisfied or somewhat satisfied with the way hospital services were provided.

Source: Canadian Community Health Survey: 2000/01, 2003.

Responsibility to Produce the Data
Statistics Canada

(29-OI) Patient perceived quality of hospital care

Definition
Percentage of the population aged 15 and over who rate the quality of the health care services received at a hospital as excellent or good.

Source: Canadian Community Health Survey: 2000/01, 2003

Responsibility to Produce the Data
Statistics Canada

Catastrophic Drug Coverage and Pharmaceutical Management (DR)

(30-DR) Prescription drug spending as a percentage of income (Feature in 2004)

Definition
Percent of households spending over given percentages (0%, 1%, 2%, 3%, 4% and 5%) of total after tax income out-of-pocket on prescription drugs.

Source: Statistics Canada, Survey of Household Spending 1997, 1998, 1999, 2000, 2001, 2002.

Responsibility to Produce the Data
Statistics Canada

Diagnostic and Medical Equipment (DM)

(31-DM) Wait times for radiation therapy for prostate cancer

(31a-DM) Median wait time for radiation therapy for prostate cancer
(31b-DM) Distribution of wait times for radiation therapy for prostate cancer

Definition
The number of weeks that patients waited, between the date the oncologist made a decision, in consultation with the patient, that the patient was ready to begin the required radiation therapy and the date of the first radiation therapy treatment, for adults (aged 18 and older) who received their radiation therapy treatment in the period in question.
Source: Provincial/Territorial administrative databases.

Responsibility to Produce the Data
Jurisdictions

(32-DM) Wait times for radiation therapy for breast cancer

(32a-DM) Median wait time for radiation therapy for breast cancer
(32b-DM) Distribution wait times for radiation therapy for breast cancer

Definition

The number of weeks that patients waited, between the date the oncologist made a decision, in consultation with the patient, that the patient was ready to begin the required radiation therapy and the date of the first radiation therapy treatment, for adults (aged 18 and older) who received their radiation therapy treatment in the period in question.

Source: Provincial/Territorial administrative databases.

Responsibility to Produce the Data
Jurisdictions

(33-DM) Self-reported wait times for diagnostic services (Feature in 2004)

33a-DM Median wait time for diagnostic services

Definition
Reported median wait time for diagnostic services.
Wait time refers to the length of time, in weeks, between the patient being referred for a specialized service and receiving the service, during the 12 months prior to the survey.
The median is the 50th percentile of the distribution of wait times: half the patients wait less and half wait longer than the median number of weeks. Patients who have not yet received the service are excluded from the indicator calculation.
Note: Diagnostic tests include non-emergency MRIs, CT Scans, and angiographies only.
Source: Health Services Access Survey, 2001 and 2003
Responsibility to Produce the Data
Statistics Canada

33b-DM Distribution of wait times for diagnostic services

Definition
Distribution of reported wait times for diagnostic services.
Wait time refers to the length of time, in weeks, between the patient being referred for a diagnostic service and receiving the service.
The indicator is the percent of those requiring a diagnostic service that waited less than 1 month, between 1 to 3 months or more than 3 months to receive the service, during the 12 months prior to the survey. Patients who have not yet received the service are excluded from the indicator calculation.
Source: Health Services Access Survey, 2001 and 2003.

Responsibility to Produce the Data
Statistics Canada

Health Human Resources (HR)

(34-HR) Patient satisfaction with physician care (Feature in 2004)

Definition
Percent of population 15 years old and older who rate themselves as either very satisfied or somewhat satisfied with the care received from a physician - family doctor or medical specialist (excluding services received in a hospital).

Source: Canadian Community Health Survey: 2000/01 and 2003.

Responsibility to Produce the Data
Statistics Canada

(35-HR) Patient perceived quality of physician care

Definition
Percent of population 15 years old and older who rate the quality of the care received from a physician - family doctor or medical specialist (excluding services received in a hospital).

Source: Canadian Community Health Survey: 2000/01 and 2003.
Responsibility to Produce the Data
Statistics Canada

Healthy Canadians (HLT)

(36-HLT) Life expectancy

36a-HLT Life expectancy for overall population

Definition
The number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period, typically a calendar year.

Source: Statistics Canada, Vital Statistics files, Birth and Death Databases and Demography Division(population estimates); ISQ.
Responsibility to Produce the Data
Statistics Canada

36b-HLT Life expectancy by income

Definition
The number of years a person would be expected to live, starting from birth (for life expectancy at birth) or at age 65 (for life expectancy at age 65), on the basis of the mortality statistics for a given observation period, typically a calendar year. Life expectancy will be calculated by income tercile.

Source: Statistics Canada, Vital Statistics files, Birth and Death Databases and Demography Division (Population estimates); ISQ.
Responsibility to Produce the Data
Statistics Canada

(37-HLT) Health adjusted life expectancy (HALE) (Feature in 2004)

37a-HLT Health adjusted life expectancy (HALE) for overall population

Definition
Health Adjusted Life Expectancy (HALE) is an indicator of overall population health. It combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. HALE represents the number of expected years of life equivalent to years lived in full health, based on the average experience in a population. In this sense, HALE is not only a measure of quantity of life but also a measure of quality of life.

Source: NPHS, Institutional Component for HUI of persons living in institutions (1996-1997 cross-sectional sample), 2001 Census for counts of persons in long-term health care institutions (to match with sampling frame of the NPHS), CCHS Cycle 1.1 (common content) for HUI and counts of persons in households. 2000/2001 abridged life tables.

Responsibility to Produce the Data
Statistics Canada

37b-HLT Health adjusted life expectancy (HALE) by income

Definition
Health Adjusted Life Expectancy (HALE) is an indicator of overall population health. It combines measures of both age- and sex-specific health status, and age- and sex-specific mortality into a single statistic. HALE represents the number of expected years of life equivalent to years lived in full health, based on the average experience in a population. In this sense, HALE is not only a measure of quantity of life but also a measure of quality of life. HALE will be calculated by income tercile.

Source: NPHS, Institutional Component for HUI of persons in institutions (1996-1997 cross-sectional sample), 2001 Census for counts of residents living in long-term health care institutions (to match with sampling frame of the NPHS), CCHS Cycle 1.1 (common content) for HUI and counts of persons in households. 2000/2001 abridged life tables adjusted to 1996 income terciles.

Responsibility to Produce the Data
Statistics Canada

(38-HLT) Infant mortality

Definition
The number of infants who die in the first year of life, expressed as a rate (per 1,000 live births) for that year.

Source: Statistics Canada, Vital Statistics, Births and Deaths data bases; ISQ.

Responsibility to Produce the Data
Statistics Canada

(39-HLT) Low birth weight

Definition
The proportion of live births (birth weight known) with a birth weight less than 2500 grams and at least 500 grams.

Sources: Statistics Canada, Vital Statistics, Birth database; ISQ.
Responsibility to Produce the Data
Statistics Canada

(40-HTL) Mortality rate for lung cancer
(41-HTL) Mortality rate for prostate cancer
(42-HTL) Mortality rate for breast cancer
(43-HTL) Mortality rate for colorectal cancer
(44-HTL) Mortality rate for acute myocardial infarction (AMI)
(45-HTL) Mortality rate for stroke

Definition
The number of deaths of individuals where the underlying cause of death is one of those specified, per 100,000 population, that would be observed in the population if it had the same age composition as the reference or "standard" population.

Source: Statistics Canada, Vital Statistics, and Demography Division; ISQ

Responsibility to Produce the Data
Statistics Canada

(46-HLT) Five-year relative survival rate for lung cancer
(47-HLT) Five-year relative survival rate for prostate cancer
(48-HLT) Five-year relative survival rate for breast cancer
(49-HLT) Five-year relative survival rate for colorectal cancer

Definition
The ratio of the observed survival for a group of cancer patients five years after diagnosis to the survival that would have been expected for members of the general population assumed to be practically free of that cancer and who have the same main characteristics associated with survival (such as sex, age, area of residence) as the cancer patients.

Source: Statistics Canada, Canadian Cancer Registry, Canadian National Mortality Data Base, and Canadian and provincial life tables (1990-1992, 1995-1997); ISQ

Responsibility to Produce the Data
Statistics Canada

(50-HLT) Incidence rate for lung cancer
(51-HLT) Incidence rate for prostate cancer
(52-HLT) Incidence rate for breast cancer
(53-HLT) Incidence rate for colorectal cancer

Definition
Age-standardized incidence rates for lung, prostate, breast, and colorectal cancer. The number of newly diagnosed primary cancer cases in a given year for specific sites per 100,000 that would have occurred in the standard population if the actual age-specific rates observed in a given population had occurred in the standard population.

Source: Statistics Canada, Canadian Cancer Registry, and Demography Division (census population estimates); ISQ.

Responsibility to Produce the Data
Statistics Canada

(54-HLT) Potential years of life lost due to suicide

Definition
Potential years of life lost (PYLL) due to suicide is the number of years of life "lost" from a suicide death, when a person dies "prematurely" - defined as dying before age 75. A suicide at age 25, for example, has lost 50 potential years of life.

Source: Statistics Canada, Vital Statistics, Death Data Base and Demography Division (population estimates); ISQ.

Responsibility to Produce the Data
Statistics Canada

(55-HLT) Potential years of life lost due to unintentional injury

Definition
Potential years of life lost (PYLL) due to unintentional injury is the number of years of life "lost" when a person dies "prematurely" from an unintentional injury - defined as dying before age 75. A person dying at age 25, for example, has lost 50 potential years of life.

Source: Statistics Canada, Vital Statistics, Death Data Base and Demography Division (population estimates); ISQ.

Responsibility to Produce the Data
Statistics Canada

(56-HLT) Incidence rate for invasive meningococcal disease

Definition
The rate of new cases of invasive meningococcal disease reported by year, age and serogroup.

A confirmed case is defined as invasive disease with laboratory confirmation of infection: isolation of Neisseria meningitidis from a normally sterile site (blood, cerebrospinal fluid, joint, pleural or pericardial fluid) or demonstration of N. meningitidis antigen in cerebrospinal fluid.

Source: Notifiable disease reporting and enhanced surveillance system

Responsibility to Produce the Data
Health Canada

(57-HLT) Incidence rate for measles

Definition
The rate of new cases reported by year.

A confirmed case is defined as laboratory confirmation of infection in the absence of recent immunization with measles-containing vaccine: isolation of measles virus from an appropriate clinical specimen or significant rise in measles specific antibody titre between acute and convalescent sera or positive serologic test for measles IgM using a recommended assay or clinical case in a person who is epidemiologically linked to a laboratory confirmed case.

Source: Notifiable diseases reporting system

Responsibility to Produce the Data
Health Canada

(58-HLT) Incidence rate for Haemophilus influenza b (invasive) (Hib) disease

{TC \l2 "}Definition
Haemophilus influenzae b (invasive) (Hib) disease incidence rate in children.

The rate of new cases reported by year in children under 5.

A confirmed case is defined as invasive disease with laboratory confirmation of infection in the absence of recent immunization with Hib-containing vaccine: isolation of H. influenzae type b from a normally sterile site or epiglottis in a person with epiglottitis, or demonstration of H. influenzae type b antigen in cerebrospinal fluid. Invasive disease includes meningitis, bacteraemia, epiglottitis, pneumonia, pericarditis, septic arthritis, or empyema.

Source: Notifiable diseases reporting system

Responsibility to Produce the Data
Health Canada

(59-HLT) Incidence rate for tuberculosis

Definition
Rate of incident cases of infectious pulmonary tuberculosis reported by calendar year.

Case definition for reporting to the Canadian Tuberculosis Reporting System (CTBRS) (all cases). Cases with mycobacterium complex (i.e. *M. tuberculosis, M. bovis*, excluding BCG strain or *M. africanum*) demonstrated on culture in the absence of bacteriological proof, cases clinically compatible with active tuberculosis that have, for example:

- Chest x-ray changes compatible with active tuberculosis including idiopathic pleurisy with infusion;
- Active extrapulmonary tuberculosis (meningeal, bone, kidney, peripheral lymph nodes, etc.);
- Pathologic or post-mortem evidence of active tuberculosis.

Source: Canadian Tuberculosis Reporting System (CTBRS).

Responsibility to Produce the Data
Health Canada

(60-HLT) Incidence rate for Verotoxigenic E. coli

Definition
The rate of Verotoxigenic E. coli incident cases reported by year.

A confirmed case is defined as laboratory confirmation of infection with or without symptoms with isolation of verotoxin producing Escherichia coli from an appropriate clinical specimen.

Source: Notifiable diseases reporting system

Responsibility to Produce the Data
Health Canada

(61-HLT) Incidence rate for chlamydia

Definition
Incidence rate of reported genital infections, by calendar year.

A confirmed case is defined as laboratory confirmation of infection - detection of *C trachomatis* by appropriate laboratory techniques in genitourinary specimens.

Source: Notifiable diseases reporting system

Responsibility to Produce the Data
Health Canada

(62-HLT) Rate of newly reported HIV cases

Definition
Estimates of new diagnoses of HIV infection, based on new positive HIV test reports

Source: Health Canada, HIV and AIDS in Canada. Surveillance Report to December 31, 2003 Surveillance and Risk Assessment division, Centre for Infectious Diseases Prevention and Control, Health Canada, 2003.

Responsibility to Produce the Data
Health Canada

(63-HLT) Prevalence of diabetes (Feature in 2004)

Definition
The prevalence rate of diagnosed diabetes among health service users per 100 population.

Source: Health Canada (2003), Responding to the Challenge of Diabetes in Canada. First Report of the National Diabetes Surveillance System (NDSS) Ottawa.

Responsibility to Produce the Data
Health Canada

(64-HLT) Exposure to second-hand tobacco smoke rate

Definition
Proportion of the non-smoking population aged 12 and over regularly exposed to second-hand tobacco smoke at home, in private vehicles, and in public spaces.

Source: Canadian Community Health Survey 2003.

Responsibility to Produce the Data
Statistics Canada

(65-HLT) Self-reported health (Feature in 2004)

Definition
Percent of the population aged 12 and older who report that their health is very good or excellent.

Source: Canadian Community Health Survey, 2003 and 2000/01.National Population Health Surveys (1994-95 to 1998-99)

Responsibility to Produce the Data
Statistics Canada

(66-HLT) Teenage smoking rates (Feature in 2004)

66a-HLT Teenage smoking rates: proportion current teenage smokers
66b-HLT Teenage smoking rates: proportion daily smokers

Definition
Percentage of population aged 12 - 19 (inclusive) reporting they are current smokers (current includes daily and occasional smokers) at the time of the interview, and percentage of population age 12 - 19 (inclusive) reporting they are daily smokers at the time of the interview.

Source: Canadian Community Health Survey; National Population Health Survey, 1994-95 to 1998/99.
Responsibility to Produce the Data
Statistics Canada

(67-HLT) Physical activity (Feature in 2004)

Definitions
a) Percentage of population aged 12 and over who report a physical activity index of "active".
b) Percentage of population aged 12 and over who report a physical activity index of "inactive".

Source: Canadian Community Health Survey – Cycle 2.1 2003 and Cycle 1.1 2000/01; National Population Health Survey, 1994/95 to 1998/99.
Responsibility to Produce the Data
Statistics Canada

(68-HLT) Body mass index (Feature in 2004)

Definition
Percent of adults who report a [computed] body mass index in specified categories, ranging from underweight to obese.

Body mass index (BMI) is based on self-reported height and weight, and calculated for persons 18 years of age and over, excluding pregnant women. Due to different rates of growth for individuals under 18 years of age, the standard BMI is not considered a suitable indicator for this group. BMI is calculated as weight (in kilograms) divided by height (in meters) squared.

Source: Canadian Community Health Survey – Cycle 2.1 2003 and Cycle 1.1 2000/01; National Population Health Survey, 1994/95 to 1998/99.
Responsibility to Produce the Data
Statistics Canada

(69-HLT) Immunization for influenza, aged 65 plus ("Flu Shot") (Feature in 2004)

Definition
Proportion of population 65 and over who report having a flu shot in the past year.

Source: Canadian Community Health Survey (sub sample) Cycle 2.1, 2003 and Cycle 1.1, 2000/01.

Responsibility to Produce the Data:
Statistics Canada

(70-HLT) Prevalence of depression

Definition
Percent of the population suffering from depression in the past 12 months.

Source: Statistics Canada, Canadian Community Health Survey (CCHS) 2.1, 2003, Canadian Community Health Survey, 2000/01, National Population Health Survey, 1994/95, 1996/97 and 1998/99, National Population Health Survey, 1994/95 and 1996/97, North component.

Responsibility to Produce the Data
Statistics Canada